



1634

PTO/SB/17 (05-03)

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **0.00**

Complete if Known	
Application Number	09/853,161-Conf. #5950
Filing Date	May 11, 2001
First Named Inventor	Steven M. Ruben
Examiner Name	M. Sheinberg
Art Unit	1634
Attorney Docket No.	PZ003P3

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  Other  None  
 Deposit Account

Deposit Account Number **08-3425**

Deposit Account Name **Human Genome Sciences, Inc.**

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	750	2001	375
1002	330	2002	165
1003	520	2003	260
1004	750	2004	375
1005	160	2005	80
<b>SUBTOTAL (1)</b>		<b>(\$)</b>	<b>0.00</b>

### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	75	-98** =	<input type="text"/> x <input type="text"/> = <input type="text"/> 0.00
Independent Claims	6	-10** =	<input type="text"/> x <input type="text"/> = <input type="text"/> 0.00
Multiple Dependent			<input type="text"/> = <input type="text"/>

### Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2)</b>		<b>(\$)</b>	<b>0.00</b>	

\*\* or number previously paid, if greater; For Reissues, see above.

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** **0.00**

## SUBMITTED BY

Complete (if applicable)

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Signature				Date	July 16, 2003